



# Tissue Viability Bulletin      December 2022

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## Articles

### **Use of ankle–brachial pressure index to assess patient suitability for lower limb compression**

Compression therapy is a safe, effective treatment for lower leg conditions such as lymphatic insufficiency and venous hypertension. The most common method of arterial assessment is the calculation of a patient's ankle–brachial pressure index (ABPI). The need for ABPI is highlighted in many best practice statement and local policies. ABPI compares the arterial flow of the arms and the legs, providing a ratio used to determine the presence and severity of peripheral artery disease and assess whether a patient is suitable for compression therapy.

British Journal of Nursing 2022 31 (20) S6-S14

### **Frugal innovation in wound care: a critical discussion of what we can learn from low-resource settings**

Frugal innovation is a common philosophy in low-income settings due to limited access to resources. However, with both the increasing prevalence and clinical acuity of patients with wounds in the UK, it is essential that alongside innovation such as harnessing cutting-edge new technologies, frugal innovation is also pursued.

British Journal of Nursing 2022 31 (20) S16-S23

### **Hypertrophic scar management**

Scarring has major psychological and physical repercussions. Scars are often considered trivial, but they can be disfiguring and aesthetically unpleasant and may cause severe itching, tenderness, pain, sleep disturbance, anxiety, depression and disruption of daily activities. It is more efficient to prevent hypertrophic scars than treat them; early diagnosis of a problem scar can considerably impact the overall outcome.

British Journal of Nursing 2022 31 (20) S24-S31



### **Considerations in wound care of patients living with dementia**

The prevalence of wounds and comorbidities such as dementia increases with age. Given projected rises in population ageing and growth, the likelihood of encountering an overlap in these conditions in clinical practice has increased.

British Journal of Nursing 2022 31 (20) S32 – S40

## **Best Practice and Guidelines**

### **Cochrane Library 2022**

#### **Surgical decompression for malignant cerebral oedema after ischaemic stroke**

*Large territory middle cerebral artery (MCA) ischaemic strokes account for around 10% of all ischaemic strokes and have a particularly devastating prognosis when associated with malignant oedema. Progressive cerebral oedema starts developing in the first 24 to 48 hours of stroke onset with an associated rise in intracranial pressure. The rise in intracranial pressure may eventually overwhelm compensatory mechanisms leading to a cascading secondary damage to surrounding unaffected parenchyma. This downward spiral can rapidly progress to death or severe neurological disability.*

Available from:

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD014989.pub2/epdf/full>

### **Wounds UK 2022**

#### **Holistic management of venous leg ulceration**

*A venous leg ulcer (VLU) is defined as a break in the skin below the knee, which has not healed within 2 weeks (National Institute for Health and Clinical Excellence [NICE], 2021). A VLU occurs in the presence of venous disease (NICE, 2021). People with VLUs can present with repeated cycles of ulceration, healing, and recurrence, so it is important to diagnose and identify the patient's needs and build a sustainable relationship with the patient.*

Available from: [holistic-management-venous-leg-ulceration-second-edition.pdf](https://www.wounds-uk.com/clinical-guidance/holistic-management-venous-leg-ulceration-second-edition.pdf)

### **Wounds UK 2022**

#### **Active treatment of non-healing wounds in the community**

*Non-healing wounds develop due to an interruption in the body's natural healing process. It is accepted that within the normal parameters of acute wound healing, re-epithelialisation should be reached within 4 weeks (Vowden and Vowden, 2016) or reduce in size by 40% following 4 weeks of optimal therapy (Leaper and Durani, 2008; Gwilym et al, 2022). From a patient's perspective, living with a non-healing wound can often mean experiencing a decrease in quality of life with the potential of increased pain and anxiety (Olsson et al, 2019).*

Available from: [active-treatment-non-healing-wounds-community.pdf](https://www.wounds-uk.com/clinical-guidance/active-treatment-non-healing-wounds-community.pdf)



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